Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	St. Michael's House
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	02 June 2026
Centre ID:	OSV-0001827
Fieldwork ID:	MON-0042945

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Michael's House is a large detached one-storey building located just outside a small village but within close driving distance to a nearby town. The centre mainly provides full-time residential support for a maximum of five residents of both genders over the age of 18 with intellectual disabilities. Five single resident bedrooms are present in the centre along with a kitchen-dining room, a sitting room, a visitors' room, a utility room, bathrooms and staff rooms. Residents are supported by the person in charge, social care staff and care staff

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 2 June 2026	11:00hrs to 19:20hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This inspection was conducted to inform an expected registration renewal application for the centre that was due to be submitted in August 2026. It was found residents that residents were well-supported and were enjoying a good quality of life which was reflected in an overall good level of compliance. During the inspection, the inspector met all four residents that were present on the day of inspection. A firth resident was in the process of transitioning into the centre on a full-time basis but this resident was not in the centre during the inspection. The inspector was able though to speak with two staff members, the person in charge and an area manager. Some regulatory actions were identified in areas such as the directory of residents, self-administration of medicines and some staff being overdue refresher training.

On arrival at the centre, no staff or residents were present with centre management informing the inspector that residents had gone for an outing which included music, Zumba and a meal out. As such, after an introduction meeting for the inspection with centre management, the inspector focused on reviewing documentation and assessing the premises that had been provided for residents to live in. During this time it was observed that the communal areas of the centre was clean and well-maintained generally although some areas, such as the kitchen-dining room, were older in appearance and style.

The premises that was provided for residents received favourable responses in surveys that had been completed in advance of this inspection. Such surveys were read by the inspector during the inspection. One survey had been completed for each of the five residents with four of these completed with staff support while the fifth was completed with the support of a family member. These surveys were found to contain positive responses to all areas queried including safety, activities, visitors, being listened to and staff support. Specific comments made in some surveys included "nice house", "I like my room its warm" and "It's good here and I'm happy".

During the mid-afternoon, four residents returned to the centre with the staff supporting them. All four of these residents then greeted the inspector after being reminded by a member of management that the inspector was present in the centre. Upon meeting the inspector one of these residents welcomed the inspector back to the centre while smiling. During such introductions one of the four residents indicated that they liked living in the centre and also mentioning that they would be going horse riding later in the day.

Soon after this, the inspector spoke with another resident, initially in the company of a staff member. This resident mentioned going out for a meal earlier in the day with the other residents. This resident said that they got on with their peers and that they did a lot together. The resident then showed the inspector their bedroom which

had a large sound system present which the resident said that they used to listen to music. It was added by the resident that they liked their bedroom and liked living in the centre before they commented very positively on the support that they received from staff. In particular, this resident said that staff were good to them and helped them if they were ever upset.

Staff on duty during the inspection (including centre management) were observed and overheard to interact with residents in a pleasant and warm manner throughout the inspection. It was also observed that residents appeared comfortable with staff. For example, at one point during the inspection, staff and residents were seen sitting together in the centre's sitting room watching television. One resident told the inspector that they sat together often to watch television in this room. Another resident was overheard thanking a staff member for a lovely day as this staff member was going off shift.

The residents present were seen spending time relaxing or engaging in some activities for the remainder of the inspection. Such activities included staff going through a travel safe programme with two residents to support them around road safety, one resident being supported to go for a walk by the person in charge and one resident being brought out to go horse riding. One of these residents was encouraged to do some flower arranging before being seen to do some watering of the plants and flowers that were just outside the centre. A reflexologist also visited the centre with some residents availing of this.

Before the end of the inspection two more residents showed the inspector their bedrooms and it was noted that one of these residents kept the key to their bedroom door on them. The atmosphere in the centre while residents were present in the centre was noted to be relaxed and it appeared that residents in the centre were comfortable in each other's presence. There also appeared to be a good relationship between residents in the centre. For, example, when the resident who had went horse riding returned to the centre before the end of inspection, another resident asked how the horse riding had gone. The former resident was then overheard to greet the latter resident and call them a friend.

In summary, four residents were met during this inspection with three of these showing the inspector their bedrooms. Such residents were supported to do activities on the day of inspection including Zumba, horse riding and flower arranging. Residents appeared comfortable with each other and with the staff on duty. Such staff interacted with residents in a positive and warm manner during the course of the inspection. Regulatory actions identified during this inspection will be discussed elsewhere in this report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This inspection found an overall good level of compliance which indicated that the centre was being appropriately managed. Some regulatory actions were identified though including relating to provider unannounced visit reports.

Registered until February 2027 with no restrictive conditions, this designated centre had been previously inspected on behalf of the Chief Inspector of Social Services in October 2024. That inspection had focused on the area of safeguarding and did find some areas which needed improvement. These included areas such as staff supervision and aspects of safeguarding. Following that inspection the provider submitted a compliance plan response outlining the measures that they would take to come back into compliance. Given that the provider was expected to submit an application in August 2026 to renew the centre's registration for a further three years beyond February 2027, the current inspection was conducted to assess compliance in the centre in more recent times.

Overall, the current inspection found a good level of compliance with improvement noted since the previous inspection. For example, the provision of staff supervision had improved in the centre. The provider had also generally ensured good staffing supports in the centre and was due to add a waking night staff to the centre in July 2026 to support the resident who was in the process of transitioning into the centre. It was noted though that a high number of relief staff had worked in the centre in recent months. In addition, while this inspection did find good compliance overall and evidence of the centre being appropriately managed, it was highlighted that some unannounced visits to the centre on behalf of the provider had been conducted by someone while they held the role of person in charge for the centre. This had also been raised during the October 2024 inspection.

Regulation 14: Persons in charge

The current person in charge for the centre had been appointed in May 2026 and was responsible for this designated centre only. Based on documentation and other requested information submitted by the provider before this inspection, the person in charge had the necessary experience and qualifications to meet the requirements of this regulation. During this inspection, the person in charge demonstrated a good understanding of the operations of the centre and the needs of residents.

Judgment: Compliant

Regulation 15: Staffing

Staffing in a designated centre must be in keeping with the needs of residents and the centre's statement of purpose. St. Michael's House's statement of purpose outlined specific staffing levels that were to be provided to meet the needs of the four residents present during the inspection. From discussions with staff and management, along with staff rotas reviewed from 6 April 2026, such staffing levels were provided for. In keeping with these staff levels, the centre primarily provided night-time support via a sleepover staff. However, at the time of this inspection, a fifth resident was in the process of transitioning into the centre and they had spent five overnights stays in the centre as part of this transition. To ensure that the needs of this resident were met, a waking night staff had been provided for this resident for these five overnight stays. It was indicated that the centre would permanently switch to having a waking night staff in the centre during July 2026 when this resident would move into the centre on a full-time basis.

Pending this change, it was indicated to the inspector that seven staff members were intended to form the current staff team for this centre but that there was one vacancy at the time of inspection. While recruitment for this was ongoing, the inspector was informed that this vacancy was filled by regular relief. It was noted though when reviewing the staff rotas from 6 April 2026 on that 10 different relief staff members had worked in the centre during this period with some working a single shift. Given that this regulation requires the provider to ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis, this needed review.

Judgment: Substantially compliant

Regulation 16: Training and staff development

It was indicated to the inspector by the person in charge that they formally supervised staff working in the centre every three months. Based on a supervision log provided, staff working the centre had received formal supervision during the first quarter of 2026. The log provided also indicated that most of these staff had received similar supervision during the second quarter of 2026. Three staff had yet to receive such supervision during the second quarter but they were scheduled to receive it later in June 2026. Aside from supervision, a training matrix provided indicated that the majority of staff had completed up-to-date training to support residents. It was noted though from the matrix provided that four staff were overdue refresher training in fire safety while three were overdue refresher training in epilepsy.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was being maintained for this centre which contained most of the required information such as residents' names and details of their representatives or next-of-kin. However, it was noted that the directory did not include residents' marital status nor the name and address of the authority, organisation or body that arranged residents' admissions to the centre. Such information is required to be included in a directory of residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The overall findings of this inspection indicated that residents were well-supported and that there had been improvement from the previous inspection. Such findings indicated that the centre was being well-managed. There was also evidence of ongoing monitoring of the services provided in the centre. For example:

- Staff team meetings were occurring monthly in the centre based on records reviewed from February 2026 on. Notes of these meetings indicated that topics such as safeguarding and incidents were being discussed.
- An audit schedule was in place for the centre for 2026 which set out specific audits that were to be done and how often these audits were to be carried out during the year. Based on records provided, audits were being completed in line with this schedule in areas such as complaints, finances and safeguarding. Conducting audits in such a way provides for systematic monitoring of the services provided in the centre.
- Since the October 2024 inspection, two annual reviews had been conducted for the centre which were reflected in written reports. From these reports it was seen these annual reviews assessed the centre against relevant national standards while also providing for consultation with residents and their representatives. It was noted though that the content of both annual review reports provided was largely similar from one report to the next.

Conducting annual reviews is required under this regulation which also requires the provider (or its representative) to conduct an unannounced visit to the centre every six months. During the October 2024 inspection, it was identified that that the two previous unannounced visits had been conducted by the then person in charge. Given the role of a person in charge for a centre, having them conduct such visits compromised the required unannounced nature of these visits. In response to this, the provider had indicated that such visits would be completed by a member of management who did not hold responsibility for St. Michael's House.

Despite this, from documentation provided and discussions with a member of management, three further provider visits to the centre had been conducted by the same person in charge in December 2024, May 2025 and November 2025. This did not assure that the provider had followed through on their stated action from the October 2024 inspection. It was acknowledged though that the role of the person in charge had changed for the centre in May 2026 and that the current person in charge had not conducted an unannounced visit that had happened later that month. Reports of four provider visits from December 2024, May 2025, November 2025 and May 2026 were presented as part of the inspection process. Such reports indicated good compliance and good supports being provided to residents which was similar to the findings of the current inspection. It was noted though that the narrative details in these reports were very similar in some sections.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

As mentioned earlier in this report, one resident was in the process of transitioning into the centre on a full-time basis. During this inspection, it was indicated that this resident had been afforded an opportunity to visit to the centre in advance of commencing overnight stays in the centre. In addition, this resident had a contract for the provision of services in place. Having such a contract is required by this regulation. When reviewing this contract and the contract of another resident, it was seen that both contracts had been agreed to and contained information required under this regulation. This included details of the services to be provided and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose is an important governance document which forms the basis of a condition of registration and which also should outline the services and supports to be provided in a centre. During the inspection, a statement of purpose was provided which was dated May 2026. This statement of purpose was found to contain all of the information required under this regulation. This included details of the services to be provided in the centre, the specific care needs to be provided for and the staffing arrangements for the centre in whole-time equivalent (WTE). It was noted that the current statement of purpose would need updating to reflect an increase in staffing WTE for the centre once a waking night staff commenced working in the centre on a full-time basis in July 2026.

Judgment: Compliant

Regulation 34: Complaints procedure

Information about the complaints process was seen to be on display in the centre's kitchen-dining room. This information outlined how a complaint could be made by residents with the name, photograph and contact details of the provider's complaints officer also provided. Notes of weekly residents' meetings in 2026 indicated that complaints and the identity of the provider's complaints officer were regularly discussed with residents. An electronic system for recording any complaints made was in use by the provider which was reviewed by the inspector during the inspection. From this it was noted that one complaint had been logged for the centre since the October 2024 inspection. The record of this complaint indicated that it was followed up with appropriate action taken to resolve the complaint to the satisfaction of the resident who had made the complaint.

Judgment: Compliant

Quality and safety

Residents were supported to engage in various activities while no safeguarding concerns were identified during this inspection. This indicated that residents were being supported to enjoy a good quality of life. Some actions were identified including exploring self-administering medicines for residents.

The evidence gathered during this inspection indicated that residents were supported to participate in various activities including swimming, meals out, going to concerts and social farming. Such matters helped to provide for residents' personal and social needs. Residents' needs are to be set out in their personal plans. However, for the resident who was transitioning into the centre, they did not have a complete personal plan at the time of this inspection. In addition, it had not been explored with residents to determine if they could self-administer their own medicines. This was despite the independence of residents being highlighted during the inspection.

Appropriate facilities for the storage of medicines and fire safety systems were present within the centre. Fire drills were being conducted regularly in the centre with low evacuation times indicated although it was not demonstrated that a fire drill to reflect a night-time situation had been conducted within the previous 12 months. Staff working in the centre had completed fire safety training although some were overdue refresher training in this area. All staff had also completed safeguarding with staff spoken with aware of an active safeguarding plan for the

centre. While there had been some past safeguarding concerns in the centre, no such concerns were found during this inspection.

Regulation 11: Visits

The layout of the premises included a visitors' room. This ensured that residents had a space provided for within the centre, aside from their bedrooms, to receive visitors in private if they wished to do so. Discussions with staff indicated that residents could receive visitors in the centre but that residents tended to visit their families away from the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Taking into account activity records reviewed for three residents for April and May 2026, residents were being supported to pursue activities and development opportunities in the community and in the centre. This was further evidenced by discussions with residents, staff and management during this inspection. Examples of activities residents did included:

- Residents had been supported to take part in swimming, Zumba, yoga, shopping, music and social farming.
- One resident was supported to attend horse riding away from the centre. This resident also attended day services through which they were completing a computer course.
- Another resident was engaged in supported and paid employment which involved doing some gardening in another setting. The same resident was encouraged to do some flower arranging in the centre and also seen doing some watering of the outside plants and flowers during this inspection.
- Residents were taking part in a travel safe programme within the centre.

In addition, to such activities and development opportunities, it was also highlighted that residents were being supported to maintain contact with their families. For example, the week before the inspection, a staff member highlighted how the centre's vehicle had been used to bring one resident to meet a relative away from the centre.

Judgment: Compliant

Regulation 17: Premises

Internally the premises provided for this centre was seen to be clean and well-presented overall on the day of inspection. Each resident had their own individual bedroom with three of these seen by the inspector. Such bedrooms were provided with storage facilities, such as a wardrobe, and were personalised to the individual residents. Communal space included a kitchen-dining room and a sitting room with multiple bathrooms present in the centre. The external of the premises was also seen to be well-presented during this inspection. For example, there were various potted flowers and plants around the centre with the rear garden area also including garden furniture for residents to use.

Judgment: Compliant

Regulation 20: Information for residents

This centre had a residents guide in place which was marked as having been reviewed during May 2026. When reading this guide it was noted that it contained all of the required information including how to access any inspection reports on the centre and details of the terms and conditions relating to residency.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place that was dated September 2023. This policy provided for the management of risk and in keeping with the policy, this centre had a risk register in place. This risk register highlighted identified risks for the centre with each risk having a corresponding risk assessment in place. Such risk assessments had all been reviewed in recent months and outlined control measures to mitigate the identified risks. The risks outlined in the risk register reflected risks highlighted by staff and management spoken with as well incident records reviewed.

Aside from risk documentation, the centre had an emergency plan in place which outlined how particular emergencies, such as fire and power failure, were to be responded to. This emergency plan was marked as being reviewed during May 2026. The centre was also provided with a vehicle for residents to use. Records provided indicated that this vehicle was checked daily by staff and was appropriately insured. No obvious defects with this vehicle were observed when it was viewed by the inspector and it was also seen that the vehicle was provided with appropriate safety equipment. These included a fire extinguisher and a first aid kit.

Judgment: Compliant

Regulation 28: Fire precautions

The centre was equipped with various fire safety systems including five unobstructed fire exits, a fire alarm, a fire blanket, fire doors and fire extinguishers. The procedures to be followed in the event of an evacuation being required were on display in the centre while residents had personal emergency evacuations plans (PEEPs) in place which outlined supports residents needed to evacuate the centre. One resident's PEEP indicated that they needed certain items to encourage them to evacuate the centre if required with these items seen to be readily available in a staff bedroom. Fire drills were also being conducted in the centre based on records reviewed for 2025 and 2026. While such drill records all indicated low evacuation times with some drills having been done with minimum staffing levels, the drill records provided did not assure that a fire drill had been conducted within the previous 12 months to reflect a night-time situation when residents would be in bed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

It was observed during this inspection that appropriate facilities were present in the centre for medicines to be stored securely in. This included medicines which need refrigeration and controlled medicines (medicines which by their nature require a great level of security and oversight). The inspector reviewed a sample of medicines stored in the centre and found them to be in-date and appropriately labelled. Medicines prescription and administration records reviewed from 27 April 2026 on indicated that one resident was receiving their medicines as prescribed. In addition, incident records reviewed indicated that no medicine related error had occurred in this centre during 2026.

While such matters were positively noted, this regulation requires that each resident is encouraged to take responsibility for their own medicines, in accordance with their wishes and preferences. However, from the discussions with the person in charge, this area had not been assessed nor explored with residents at the time of this inspection to consider if residents could self-administer their own medicines. This was despite staff and management spoken with during this inspection highlighting the independence of residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

As mentioned earlier in this report, one resident was in the process of transitioning into this centre on a full-time basis. As part of this process the resident had first been admitted to the centre on 24 April 2026 for an overnight stay with four further overnight stays completed since then. To comply with this regulation, a comprehensive assessment of a resident's needs must be completed before their admission while a personal plan to reflect such needs must be completed within 28 days of admission. Based on documentation provided during this inspection, some assessments of the resident's needs had been completed and there was some guidance on supporting some of the resident's needs in their personal plan.

However, it was highlighted that the provider was still in the process of getting some information related to the resident's health needs and personal care with guidance on some of these areas not present in their personal plan. It was indicated though that some further guidance on this resident's needs were contained within their file for their day services with the provider and that the provider was waiting on relevant parties to provide some information related to this resident's needs.

Aside from this, the October 2024 inspection had highlighted that not all residents had their personal plans available to them in an accessible format as is required under this regulation. On the current inspection, from reviewed documents relating to two residents, it was found that these resident's personal plans were now available to them in such a format. This was an improvement from the previous inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Based on incident records reviewed for 2026, one resident could present with behaviour that challenge. The nature of the resident's presentation during such incidents could result in the resident being administered a PRN medicine (a medicine only taken as the need arises) with this notified from the centre as being a restrictive practice. From documentation reviewed during this inspection the resident had a positive behaviour support plan (dated November 2025) in place which outlined guidance on how to encourage the resident to engage in positive behaviour. The resident also had a specific PRN protocol from May 2026 in place which outlined the circumstances when the resident was to receive their PRN medicine. This protocol also outlined specific measures to attempt before this PRN medicine was given. Staff spoken with during this inspection demonstrated a reasonable awareness of this PRN protocol and of the resident's positive behaviour support plan. Staff working in the centre had also completed relevant training in de-escalation and intervention based on a training matrix provided.

Judgment: Compliant

Regulation 8: Protection

The October 2024 inspection highlighted some areas of safeguarding that needed improvement. These included staff awareness of active safeguarding plans. On the current inspection, there was one active safeguarding plan in place which staff spoken with were aware of. Such staff had also completed safeguarding training based on a training matrix seen during the inspection. The October 2024 inspection further highlighted that there were incidents occurring involving residents negatively impacting one another which was leading to safeguarding concerns. In the months following the October 2024 inspection, some safeguarding notifications of a similar nature were received but such notifications noticeably decreased from January 2025 after a change in the resident mix in the centre.

Since that time there had only been two further safeguarding notifications received from the centre, with both from late 2025. For these two safeguarding notifications, documentation provided confirmed that these had been subject to preliminary screenings with safeguarding plans put in place. Following review by the provider's designated officer (person who reviews safeguarding concerns), one of these plans had recently been closed while the other remained active. However, for the active safeguarding plan, no similar incidents had occurred in 2026 from incident records seen.

No other safeguarding concerns were identified during this inspection from discussions with staff and management, records reviewed nor observations on the day. It was noted though that a recent incident had occurred whereby a resident had presented with behaviour that challenge that involved the resident banging windows and vocalising loudly. No adverse impacts on other residents was indicated in the relevant incident report. The provider's designated centre officer had also deemed this incident not to be of a safeguarding nature.

Judgment: Compliant

Regulation 9: Residents' rights

During this inspection, it was highlighted that one resident's finances were managed by a relative of the resident. The inspector was informed though that the provider had engaged with this relative who had indicated that the resident had their own bank account with money for the resident provided to the centre. No money shortages or delays in getting access to finances were highlighted for this resident. For the other residents of the centre, particular arrangements were in place related

to their finances which meant that these residents did not have direct access to and control over their own finances.

This had been a long-standing matter that had been raised on multiple inspections of the other provider's other centres during 2025 and 2026. In the days leading up to the current inspection, it was communicated by a representative of the provider that the provider was in the process of implementing a new spend management system for these residents. This was queried on the current inspection and it was indicated that this system was being introduced and was intended to increase residents' access to and control over their own finances. This system was being introduced at the time of this inspection and was recorded as being discussed with residents at a residents' meeting that took place in April 2026.

Such meetings occurred on a weekly basis in the centre and were used to give residents information in areas such as safeguarding, activities and meal plans. Notes of the most recent meeting from 29 May 2026 referenced this inspection being discussed with the residents. In addition to these residents' meetings, it was also highlighted during this inspection that two residents from this centre had been appointed as advocates for the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Michael's House OSV-0001827

Inspection ID: MON-0042945

Date of inspection: 02/06/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider wishes to acknowledge the current vacant Social Care Worker position within the centre. It should be noted that this position was filled for a 3-month period in 3rd quarter of 2025, unfortunately this staff member resigned and finished up in January 2026. In the interim, the PIC ensures continuity of care by filling of the vacant shifts by SJF permanent and relief SCW"s as shown to the Inspector on the day of the inspection. The PIC can confirm that a SCW worker has been appointed with an expected start date at end of September 2026 to fill this vacant post.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC wishes to confirm that one of the identified staff who was overdue fire training has actually never worked in the centre. This was an error noted on the day and has since being rectified, (i.e. name has been removed from the centre's training matrix with the correct staff details inputted). For the remaining 3 staff that were identified as overdue for Fire - the PIC can confirm that 2 staff members have completed same on the 17th of June 2026 and the remaining 1 staff member identified is booked in for 1st of July 2026 . The PIC can confirm that two staff members are scheduled for Epilepsy training on the 1st of July 2026.	

Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Provider can confirm that this omission (marital status and name of the HSE case manager details) identified have since been rectified.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider acknowledges that previous unannounced Provider inspections during 2025 were conducted by the PIC and Head of Services. As confirmed on the day of inspection with the lead inspector- unannounced visits are now being carried out in line with the regulations by an Area Manager/ Member of the management team.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC can confirm that a night time fire drill was completed on the 15th of June 2026	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:	

The PIC can confirm that since this inspection, an easy read information booklet in regards to self-administration has been provided and discussed with all residents on the 15th of June 2026. The PIC wishes to confirm that following this discussion all residents have declined the opportunity self-administrate their own medication at this time. This will be further explored with the residents again in September 2026 through their resident meetings.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Provider wishes to confirm that the resident who is currently transitioning into the centre has only spent six nights in the centre since April 24th 2026. While The PIC acknowledges that a comprehensive assessment of the resident's need must be completed within the 28 days of admission, given the minimum amount of days insitu – it was difficult to obtain all the relevant information required. To that end, the Provider now confirm that a comprehensive assessment has since taken place.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/09/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	15/07/2026
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	19/06/2026
Regulation 23(2)(a)	The registered provider, or a	Substantially Compliant	Yellow	02/06/2026

	person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	25/06/2026
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for	Substantially Compliant	Yellow	15/09/2026

	his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.			
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	25/06/2026
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	25/06/2026